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MCH PROGRAM DESCRIPTION

Nepal



Overall MCH and health sector situation

Nepal has a population of approximately 27 million, 38 percent of whom are under the age of 15. In 2003, the total expenditure on health represented 5.3 percent of the GDP. Out of 177 nations on the Human Development Index, Nepal ranks 142. In spite of over 10 years of insurgency, Nepal has made great strides in key health areas. The child mortality rate, which was among the highest in the world, has dropped by 48 percent since 1996, and Nepal is one of six countries that are on track to achieve the MDG for reducing child mortality. The fertility rate has decreased by 33 percent in the same period.

Despite improvements over the past two decades, the health status of mothers and newborns in Nepal remains low. The MMR in Nepal was estimated to be 281 deaths per 100,000 live births in 2006, a significant decrease from the previous estimate of 539 in 1996. Due to rapidly falling infant and U5MR rates, the relative proportion of neonatal deaths among all infant and under-5 deaths has risen to 66 percent and 54 percent, respectively.

Discrepancies between urban and rural populations' access to health care is evidenced by the fact that rural women, on average, give birth to four children, while urban women now average only two children. Average life expectancy is 62 years for men and 66 years for women, with half the population composed of children and adolescents.

Nepal faces a concentrated HIV/AIDS epidemic. The HIV prevalence rate is believed to be about 0.5 percent in the general population with pockets of higher prevalence among groups that have high-risk behaviors, such as injecting drug users (35 percent in Kathmandu in 2007) and female sex workers (< 4 percent 2006). Targeted prevention efforts have reduced and contained HIV transmission significantly.

MCH interventions at the Mission level

USAID supports five FP-MCH national health programs through system strengthening: semiannual vitamin A supplementation of children aged 6-59 months, family planning, safe motherhood, community-based IMCI, and the female community health volunteer program. In addition, USAID provides concentrated assistance in 20 districts with high need. Technical areas of support include birth preparedness and maternity services, newborn care and treatment, immunizations including polio, maternal and young child nutrition including micronutrients, and treatment of child illness. USAID supports the implementation of a community-based newborn care package in selected districts, strengthens health facility management committees, which advances local governance efforts, and conducts BCC. Community-based treatment for child pneumonia has expanded to cover two-thirds of all expected cases of pneumonia in 37 densely populated districts. New interventions currently being tested or piloted for the newborn include vitamin A supplementation at birth, "kangaroo" mother care to prevent hypothermia, and plans for umbilical cord care with chlorhexidine. For the mother, plans include preeclampsia and eclampsia prevention and management.

Through partnership with the Government of Nepal, USAID support reaches more than 14 million men and women of reproductive age and 3.6 million children under the age of 5. In 2008, About 12,000 postpartum visits will be made to newly delivered mothers, and 2,000 health workers and 10,000 community health workers will be

trained in community-based maternal and newborn care. About 8,000 health workers will be trained in maternal and child health. More than 3,600,000 children from 6 months to 5 years will receive vitamin A, and 3,000 newborns will receive lifesaving antibiotic treatment for infections.

Delivery approaches and mechanisms supporting expanded coverage/use of interventions

Nationwide, USAID supports the expansion of community-based IMCI and of improvement of community-level services through female community health volunteers. In selected districts, USAID supports community-based maternal and newborn care with a functional referral system. USAID also works in the private sector supporting a social marketing and franchising program for family planning and safe delivery kits reaching all of Nepal's 75 districts.

Specific actions supported as part of the MCH approach

USAID has historically assisted the Government of Nepal with the prioritization of new evidence-based interventions, development of new approaches, piloting, and taking to scale. USAID's support includes health governance and finance, and host-country strategic information. At the central level, USAID supports the Ministry of Health and Population (MOHP) in planning, monitoring/supervision, and development of norms/standards/strategies. USAID partners are active at the field level particularly assisting MOHP with implementing programs and assuring quality.

The USAID program's geographic focus

USAID supports five national programs: family planning, community-based IMCI, safe motherhood, vitamin A supplementation, and female community health volunteers. In addition, USAID provides concentrated assistance in 20 focus districts with high need covering approximately one-third of the country's population. In these districts, USAID helps to build the capacity of local health systems and providers to coordinate, plan, manage, monitor, and implement MCH program activities in these sub-national areas.

The Mission program's relationship to the country's health sector and development plans and strategies

USAID and 11 other donors support the Government of Nepal to implement Nepal's Health Sector Implementation Plan through a Sector-Wide Approach, with the World Bank and the British Department for International Development "pooling" their funds with the government's funds. Other donors include the World Health Organization, the United Nations Children's Fund, the United Nations Population Fund, UNAIDS, Australian Aid, Japan International Cooperation Agency, German Agency for Technical Cooperation, German Development Bank, and Swiss Development Cooperation. U.S. assistance complements the work of these other players in the areas of HIV/AIDS, maternal and child health, and family planning and reproductive health.

To ensure coordination and avoid duplication, USAID facilitates many government-donor technical committees and working groups that develop policy recommendations; national standards, guidelines and training programs; communications strategies and materials; applied research and surveillance plans; and logistics and supply chain management systems. The Global Fund for AIDS, Tuberculosis and Malaria granted \$78 million in late 2007 to Nepal. USAID is a voting member on the Country Coordinating Mechanism (CCM) that oversees implementation of grants and is a task force member on CCM reform.

Potential for linking Mission MCH resources with other health sector resources and initiatives

USG investments (e.g., PMI, PEPFAR, Title II, OFDA, water, etc.)

USAID continually looks for opportunities to leverage resources. USAID/Nepal is currently co-funding with USAID/Washington two Child Survival and Health Grants focused on maternal and newborn interventions at the community level. Additionally, USAID received extra un-programmed funds from a prior year and utilized them to advance community-based maternal and newborn initiatives. USAID is also partnering with UNICEF to enhance HIV prevention, treatment, care and support for children in Nepal. USAID and UNICEF are also planning to collaborate on new initiatives to address malnutrition.

Planned results for the Mission's MCH investments over the next 5 years

Nepal is on track to achieve its MDGs in maternal and child health by 2015. U.S. assistance will work with the Government of Nepal and other donors to support the further reduction of MMR by 54 percent (from 281 in 2006 to 129 per 100,000 live births), and U5MR by 11 percent (from 61 in 2006 to 54 per 1,000 live births).

MCH COUNTRY SUMMARY: NEPAL	VALUE
MCH FY08 BUDGET	7,432,000 USD
Country Impact Measures	
Number of births annually*	876,000
Number of under-5 deaths annually	53,000
Neonatal mortality rate (per 1,000 live births)	33
Infant mortality rate (per 1,000 live births)	48
Under-5 mortality rate (per 1,000 live births)	61
Maternal mortality ratio (per 100,000 live births)	281
Percent of children underweight (moderate/severe)	42%
Birth Preparedness and Maternity Services	
Percent of women with at least one antenatal care (ANC) visit	76%
Percent of women with at least four antenatal care (ANC) visits	30%
Percent of women with a skilled attendant at birth	23%
Percent of women receiving postpartum visit within 3 days of birth	31%
Newborn Care and Treatment	
Percent of newborns whose mothers initiate immediate breastfeeding	35%
Immunization	
Percent of children fully immunized at 1 year of age	80%
Percent of DPT3 coverage	89%
Percent of measles coverage	85%
Maternal and Young Child Nutrition, Including Micronutrients	
Percent of mothers receiving iron-folate	59%
Percent of children receiving adequate age-appropriate feeding	75%
Percent of children under age 5 receiving vitamin A supplement in the past 6 months	88%
Percent of children under 6 months exclusively breastfed	53%
Treatment of Child Illness	
Percent of children with diarrhea treated with ORT	41%
Percent of children with diarrhea treated with zinc	0%
Percent of children with pneumonia taken to appropriate care	43%
Water, Sanitation, and Hygiene	
Percent of population with access to improved water source**	89%
Percent of population with access to improved sanitation**	27%
* Census International Database ** Joint Monitoring Programme for Water Supply and Sanitation 2008 Report (Unless otherwise noted, the data source is the 2006 Demographic and Health Survey.)	